Copy: Foster Parent(s) / Treatment Foster Parent(s)

FOSTER HOME / TREATMENT FOSTER HOME LICENSURE NOTIFICATION

Use of form: Foster home / treatment foster home licensing agencies are required to notify school districts when a foster home / treatment foster home is licensed pursuant to s. 48.62(3), Stats. Use of this form is voluntary; however, the information must be provided.

DATE:		_		
TO:	Clerk,		School District	
		Name - School District		
FROM:				
		Name - Licensing Agency Represen	ative	
	-	Title		
	_	Name - Licensing Agency		
RE:	Licensure of a Foster F	Iome / Treatment Foster Home	n the School District	
This is t	to alert you, pursuant to s	. 48.62(3), Stats., that the above	amed agency has licensed a fo	oster home / treatment
foster h	ome in your school distric	t. The foster home / treatment fo	ster home has been licensed fo	or the period of
mm/d	through	. This foster home / to	eatment foster home has been	licensed to provide
care an	d maintenance for up to	children, ages	through	<u> </u>
The nar	me(s) of the foster parent	(s) / treatment foster parent(s) is	are	and he / she /
41	s: .d			and ne / sne /
they res	side at	Street, City, State, Zip Code	<u> </u>	
Contact	t me at the agency addres	ss / telephone number listed belo	if you have questions regardir	ng this notification.
Agency	- Street Address			
City, St	ate, Zip Code			
Telepho	one Number			